TOWARD THE HEALING OF THE NATIONS

A PROGRAM TO SERVE MEDICAL MISSIONS

The Lutheran Institute of Human Ecology, Park Ridge, Illinois U.S.A.

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The Lutheran Institute of Human Ecology

One of the greatest discoveries of the twentieth century is the essential wholeness of the person. Total man has inseparably related needs in the areas of body, mind, emotions, spirit and social relationships. In this regard the challenge confronting our generation is to build a team approach to the health needs of man. This challenge has brought about our philosophy called Human Ecology.

Human Ecology is the study and treatment of the total human being as he stands in dynamic relationship to his total environment.

The term Human Ecology, while not new, is not in common usage. In employing it to describe the Institute we refer to a concept of what the human being is as well as an approach to the treatment of his health difficulties. From both theology and modern science we derive our conviction that man is a complex inter-relationship of physical, mental, emotional, social and spiritual factors. These factors cannot be understood except in terms of their inseparable interaction. Man influences, and is influenced by, social, physical and spiritual forces.

Treatment of his disorders and ills calls for the fullest possible understanding by both physician and patient of these internal and external inter-relating forces. The resources of medicine, psychiatry, social work, theology and education need to be integrated. This calls for a team approach by qualified physicians, surgeons, psychiatrists, clergymen, social workers, nurses, dietitians, therapists and other practitioners. Such a team approach must rest on inter-disciplinary cooperation, communication, understanding and mutual respect.

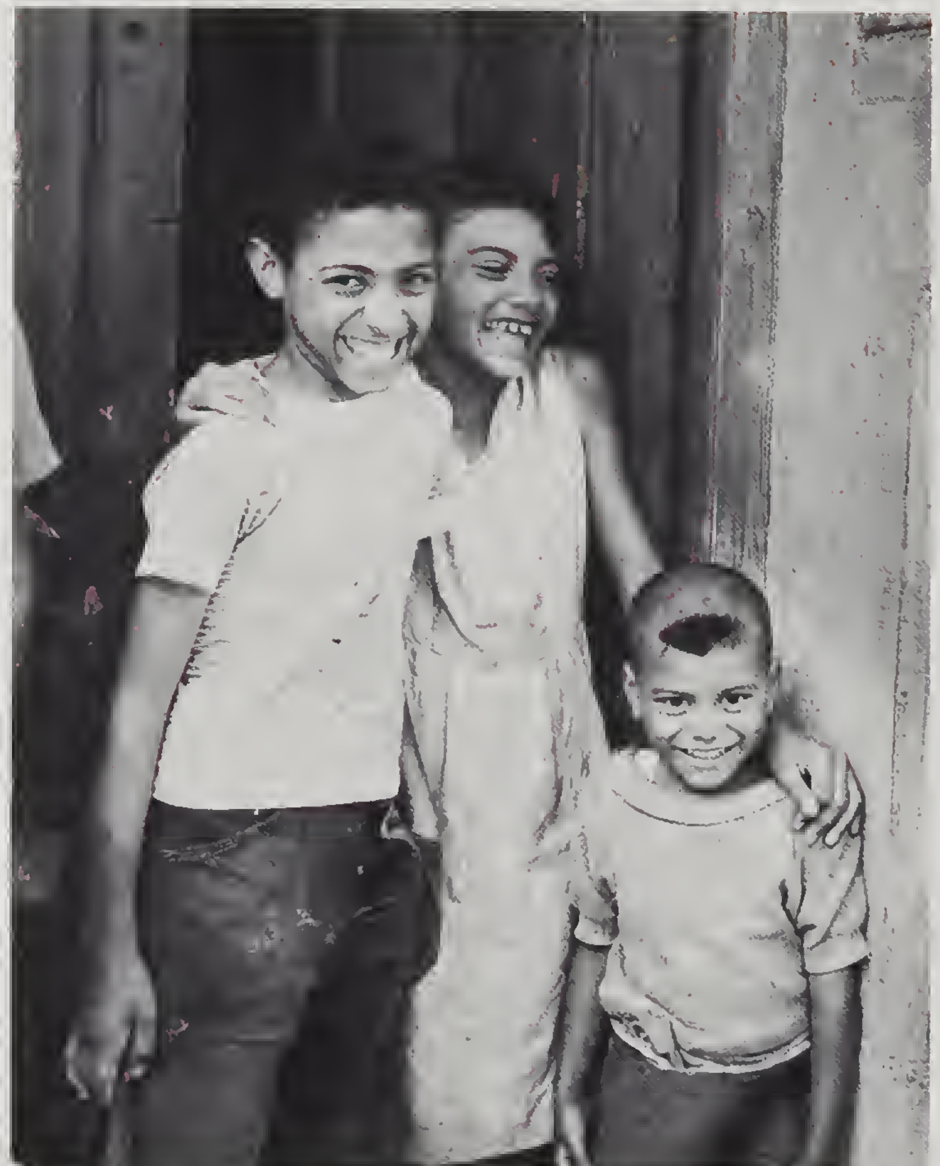
The growing edge of modern medicine, both as a science and as an art, brings into sharper focus the great need for an overall approach. As science probes more deeply into the mystery of man's nature, it reveals clearly the complex inter-relatedness of the facets of his being. It is no longer logical simply to ask the physician to heal man's body, the psychiatrist to treat his emotions, the social worker to bring him into adjustment with his environment, or the clergyman to minister to his spiritual needs. From the deeper investigations of these professional disciplines comes testimony that their lines of discovery and treatment converge on each other. They meet at the point of man's nature as an indivisible being.

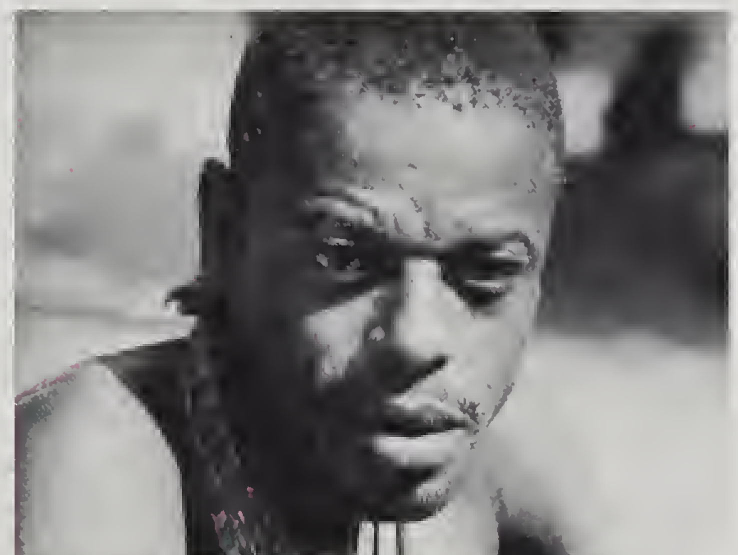
Specialization in medicine has brought vast blessings to mankind. Through it great strides have been taken toward better understanding of disease and consequent improvement in treatment. The result has been longer life with less pain and suffering.

But this specialization has also been accompanied by serious negative factors. The person has often been lost in the process. For example, physical diagnosis may show a stomach ulcer, but the person is involved in both the cause and effect of that ulcer. To retain fully the advantages of specialization, we must develop in our system of health care and such inter-disciplinary communication and coordination as will heal the person instead of merely patching up his stomach. This is the core of the ecological approach.

It is necessary for institutions to be organized in such a way to preserve the finest in medical training in a setting of ecological resources and attitudes, adequately financed, and dedicated to the treatment of man as the whole being that he is. We believe this is demanded by the most profound observations of medicine, natural sciences, behavioral sciences and theology. At stake is all that is meant by the dignity of man.

The Lutheran Institute of Human Ecology and its affiliated hospitals are committed to this philosophy of health care as well as to a redefinition of the role of the church-related hospital at this point in history. We believe that illness is best described in terms of brokenness and that health and healing find their most profound expression in wholeness.





Toward the healing of the nations

Dr. Walter H. Judd, former United States Congressman and medical missionary, stated recently, ". . . there are so many sick people needing to be treated, so many eager and willing people needing to be trained, and so many countries just getting started, needing to be strengthened. There is a world needing so desperately to be healed."

Ours is a turbulent and frightened world! Confrontation — most often violent — seems to be the order of the day. We are faced with wars and explosive potential for more war; multination clanging of advanced weaponry and technological know-how capable of annihilating the whole of the human race; rapidly rising aspirations among the underprivileged in all lands struggling for recognition; open rebellion against traditional norms and practices; and, a seemingly steady erosion of long-accepted ethical codes and moral values.

Through all of this, the Christian Church lives and shares, but not without its own painful cries for re-adjustment and creative renewal coming from within.

In a world which must have greater need for the impact of the Gospel than ever before, the tried and true ways of expressing and presenting that Gospel are brought into increasing question as to validity.

As individual Christians and as Christian institutions, we cannot stand off center aisle and criticize the Church for what it is or is not doing. For, in fact, we are the Church! If the Church has failed in any way, then, to be sure, each of us has failed. If the Church is to move with creative force and significance in the world arena, then Christians and church-related institutions at all levels must commit themselves to new and imaginative approaches in proclaiming the old, old story.

It is to these new approaches that The Lutheran Institute of Human Ecology and member hospitals dedicate themselves as they strive to develop a program in support of the worldwide healing ministry of the Church.

We hope our continuing efforts might stimulate other church-related hospitals in America to become similarly involved. Our greatest hope is that we might contribute, however small, towards the healing of all the nations.

Dear Medical Missionary:

The Lutheran Institute of Human Ecology and its affiliated institutions have long felt a desire to become actively involved in programs of service to church-related and other medical efforts overseas.

This brochure will inform you about various avenues of participation and assistance to medical missions which we believe are practical within the scope of our available resources.

Following a two-year period of intensive study and research, we are proceeding with the implementation of the five priorities which constitute the basis of our medical mission program at this time. These priorities include: The Missionary Doctor Furlough Program; Overseas Experience for Senior Medical Students and Residents; Clinical-Ecological Seminars; In-Service Experience for Missionary Nurses and Other Para-Medical Personnel; and Post Graduate Education and In-Service Experience for Overseas Nationals.

We believe this program can be of practical benefit to many of you and your institutions. We fully recognize our resources are limited in relation to the total international medical mission need. However, we look forward to expanded offerings in the future, and hopefully, our initial efforts might well act as a stimulus to other church-related hospitals in the United States to concern themselves to a greater degree with overseas medicine.

We ask that you share this brochure with your medical, nursing and other professional colleagues. Also, please let us know if we can answer any specific questions or send you further information.

Thank you for your interest.

Sincerely yours,

Ernest J. Holman, Coordinator
Medical Mission Program

On developing a program to serve medical missions

Lutheran General Hospital, Park Ridge, Illinois, and Lutheran Medical Center, Brooklyn, New York, are members of The Lutheran Institute of Human Ecology. As an organization, The Lutheran Institute of Human Ecology relates on the one hand to the Church of which it is a part, and on the other hand to the field of health care through the member institutions which it embraces.

From its very beginning, The Lutheran Institute of Human Ecology has been committed to a position within the mainstream of the Church's mandate and mission to the 20th Century. This commitment has determined the very nature of our philosophy and concept of health care. It has brought about a structure making possible the closest ties to the organized Church. It has broadened and deepened our concerns, relationships and programs.

In April, 1966, the Board of Governors of the Institute passed a resolution declaring its desire and intent to cooperate with overseas medical mission programs in whatever ways were significant and practical.

By way of summarizing the philosophy underlying this board action, The Rev. Fredric M. Norstad, D.D., vice president and program director of The Lutheran Institute of Human Ecology has stated:

"The Institute and her hospitals are dedicated to creative approaches to some of the perplexing problems blocking the path of delivery of the quality and quantity of health care which our nation is capable.

"We believe that in this task the church hospital offers unique resources. We are seeking to define a creative role and program as related to the total mandate and mission of the Church.

"Service to the community is normally thought of in terms of immediacy and proximity. We speak of our community and mean the neighborhood or the municipality in which we reside. The hospital may think of its community in terms of its receiving area, but *community really knows no boundaries.* The Christian hospital must be conscious of a community which coincides with the Church's total mandate and mission. Specifically, we believe the church hospital must relate itself to medical missions."

We in no way consider our efforts to be in competition with on-going mission programs of the various church bodies. Obviously, medical missions are the responsibility of the churches acting individually or in cooperation with each other. Our anticipated program is designed to offer resources complementing medical mission programs of the various churches.

Even though The Lutheran Institute of Human Ecology and its hospitals are intimately related to The American Lutheran Church, we do not consider it necessary or advisable to think only in terms of relationships with Lutheran medical mission programs. Through whatever practical ways are opened to us, and to the degree that our physical and other resources permit, we envision our efforts in support of all church-related health care programs and personnel.

The question has already been raised, "Why concern ourselves

with medical problems overseas when we have so many within our own country?" We are not at all convinced that our medical mission outreach is an "either/or" possibility. We recognize the abundance of medically related problems and needs in our own country, but at the same time, we recognize an even greater abundance of physical, human and financial resources available to us to fully meet not only our needs, but to assist and give of ourselves to those countries and peoples who have far, far less.

As Christian institutions, ours is the clear mandate to concern ourselves not only with our own kind within our national household, but to be equally concerned about the critically acute needs of our brothers and sisters elsewhere in the world as well. *Community knows no boundary.*

As Christian hospitals, ours is a very special mandate. In our ecological approach, we strive to express our Christian love and concern in a very special way to each and every person to whom we are given the opportunity to serve. Within the framework of our medical mission program, we hope to slowly achieve a broadening of our own horizons and perspectives to assist in meeting worldwide medical needs which traditionally have never been considered among the primary responsibilities or concerns of American church-related hospitals. To whatever degree we are able to give (and we hope we may do this honestly with no expectation of return) we are convinced that through no effort on our part, we shall receive in manifold ways. This, we believe, is what the Christian imperative is all about.

Essential program elements

The essential elements of our Medical Mission Program offerings at this time include: The Missionary Doctor Furlough Program; Overseas Experience for Senior Medical Students and Residents; Clinical-Ecological Seminars in Selected Overseas Areas; In-Service Experience for Missionary Nurses and Other Para-Medical Personnel; and Post-Graduate Education and In-Service Experience for Overseas Nationals.

Missionary doctor furlough program

Among the greatest of all handicaps confronting the missionary physician is the fact that the vast majority of overseas church medical installations are located in isolated, rural areas. A competent, highly skilled practitioner serving in any of these church hospitals during mission terms ranging from three to seven years finds himself desiring professional stimulation, and re-evaluation of his professional skills and knowledge, when he returns home on furlough. It is in this critically important area of continuing medical education for these returned missionary physicians that we feel we can make a substantial contribution.

We are prepared to consider the needs of three basic divisions of potentially interested missionary doctors:

1. the general practitioner home on furlough who desires an upgrading experience, but who does not wish to enter into a board certified residency program,

2. the general practitioner who desires to enter into a board certified residency, and will either complete his requirements in one period of time, or successively during each furlough period,

3. the board certified specialist who may want to secure updating in his particular specialty, or obtain additional exposure to a variety of other disciplines, but who may not want to enter into another board certified residency experience.

Fundamental to our approach, each interested applicant will be requested to outline in rather detailed form what he hopes to achieve professionally during his furlough experience. This information will enable the hospital medical education committee and clinical department heads to tailor a program to meet each individual's stated needs. At the same time, however, we want to establish a mechanism whereby we are able, at an early point in any missionary doctor's experience with us, to allow an early evaluation of his strong and weak points through an objective review procedure, thus supplementing his own evaluation, either in a supportive or adjustment manner. We believe this can best be accomplished by the hospital medical education committee, through assignment of the missionary doctor to various individual preceptors and/or departments who assume his total training responsibility, either for his full time or segments of time he spends with us.

In principle, our educational approach and remuneration for missionary doctors will follow the lines of established residency training practice, whether or not the individual is actually involved in an accredited program leading to specialty board recognition. During the period of the missionary doctor's affiliation with us his prime responsibility will be to the individual department and/or preceptor at any given time. However, opportunities will be available to supplement his income and professional experience by way of performing specified hospital service assignments, as mutually agreed on by the missionary doctor and administration.

Housing, school facilities for the children, and other personal matters of the missionary doctor and his family will be taken care of through the office of the Medical Mission Program Coordinator. As far as possible, such arrangements will be finalized before the missionary doctor's arrival.

All initial correspondence regarding inquiries about the program, offerings available and acceptance into the program will be directed to the office of the Medical Mission Program Coordinator. Matters to be settled between the missionary doctor and his supporting church or agency will be his personal responsibility.

In looking ahead, we anticipate we can absorb approximately 15 missionary doctors annually. We would prefer to accept missionary doctors for approximately one year. Because of the increasing variation in furlough period policies on the part of the various mission boards, we are aware of the necessity to consider the needs of those missionary physicians who may want a training experience for periods less than a full year.

There will be certain kinds of experience or training requested which our institutions may not be able to fulfill, such as courses in tropical medicine or programs in public health. In these and other circumstances, we will do all we can to help secure information and facilitate entry of the interested candidate into schools or institutions offering such opportunities.

There is no single "program" which can be designed to meet the varying needs of those who might be interested in affiliating with us. Therefore, we can only emphasize that as each interested missionary physician approaches us, we will seek to make a determination of what we are able to offer on the basis of his individual needs. Our program of serving furlough missionary doctors will be essentially that of tailoring a productive experience for him according to his stated needs, wishes and desires.

Woven throughout the program will be a constant search for improvement based upon our experience. The early build-up will be gradual, and we consider this an advantage. We will have the opportunity to give all the personal attention to the individual and the program-at-large as is necessary in the early formative stages, thus allowing us to build solidly for what we trust will be steadily increasing numbers of participants.

Overseas experience for senior medical students and residents

A unique feature of our internship is an overseas clerkship assignment for three months at a medical facility in a developing nation. We are developing relationships with overseas hospitals with preceptors who are willing to participate and

through which we can assure a mutually profitable experience for both the senior medical student and the institution to which he is attached.

Through the experience gained from similar programs, we understand that both doctors and students have been generally appreciative of this kind of opportunity. A substantial number of students have returned to overseas assignments following this initial exposure.

We hope a fair percentage of our interns would eventually return to the overseas setting for an extended period of service. It may be said, however, that even for those who don't, our program has at least contributed in some small way to the need for a greater number of people who have had the benefits of personal exposure to the problems and programs of medicine in the developing nations, and can communicate more knowledgeably on the subject with those at home.

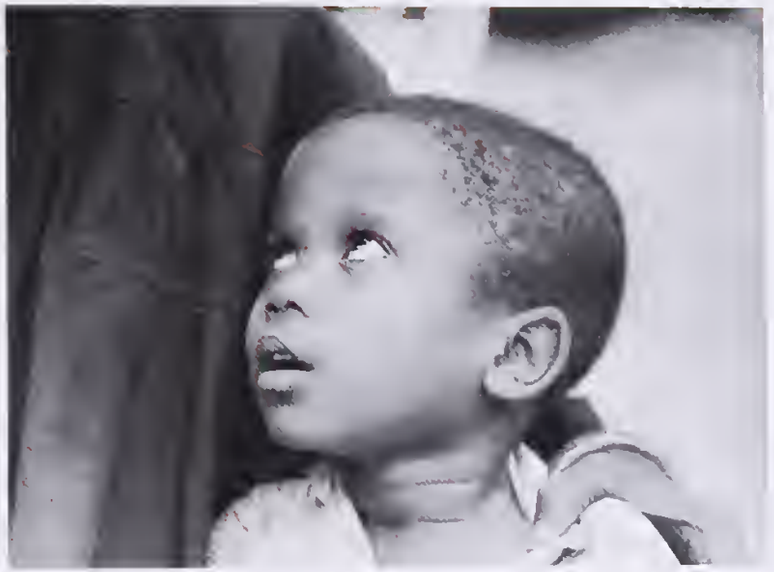
Our continuing intern recruitment efforts indicate our overseas offering has its greatest appeal among young Christian men and women who desire such experience within a church-related institution. Their basic motivations, we believe, lend themselves ideally to this type of international activity.

As an integral part of our residency training, we are working on a design which would involve a one- to two-year placement of the resident at an overseas hospital.

As with all aspects of our medical mission program, we see in this overseas residency experience a two-way benefit. The resident will serve in an overseas hospital, working within a structured program, and in the process can assist in alleviating the desperate shortage of medical personnel. At the same time, such a relationship will add a significant dimension to the experience and training of the resident working at an advanced level.

Clinical-ecological seminars in selected overseas areas

One of the most often expressed hardships of medical



missionaries is professional isolation. Doctors in the U.S. can attend professional meetings and clinical seminars every day of the week. Most doctors avail themselves at frequent intervals of such opportunities for professional growth. The physician working in a developing nation has, for the most part, little or no opportunity for such continuing stimulation and education. Within the guidelines of our clinical-ecological seminar planning, we see the possibilities of contributing to the professional educational needs of medical and nursing missionaries through the establishment of medical-ecological teams which will be flown to selected overseas medical installations for interdisciplinary professional seminars and consultation.

In general, each travelling team will consist of between 12-15 people, possibly including Europeans as well as Americans. The bulk of the team membership will consist of professionals from the staffs of our member institutions. There will be varied representation from the specialties of internal medicine, surgery, radiology, pathology, anethesiology, public health, pastoral care, nursing and social work, among others, depending on the agenda and content of any single gathering.

Before departure of any team, a period of four to six months orientation will be scheduled, utilizing the resources of African, Asian and Latin American departments within various universities, staff personnel, missionaries home on furlough, and others.

Each team experience is anticipated to cover about six weeks. Upon arrival in the overseas country, the first week will be devoted to on-the-spot orientation. The next three weeks will be devoted to assignments of team personnel to various hospitals and institutions within the country. The fifth week encompasses the professional seminar period during which time our total team membership relates as a group to local health care personnel of all categories from both mission and government hospitals through plenary sessions, specialty group assignments and individual consultations. The final week or ten days remaining will be devoted to possible return visits to medical installations before the team's departure for home.

The purposes and goals of the clinical-ecological seminar element of our medical mission program may generally be described as creating opportunities for mutual education, consultation, stimulation and fellowship among our team membership and those missionaries and nationals with whom they come in contact in the overseas area.

We want in every instance to play the role of joint partners in terms of planning and working with local Christian or country-wide medical/hospital associations. We will go into any one country or area only at the invitation of, and under the full auspices of a local sponsoring organization. We will develop the full experience, along with meeting agendas and presentations, in full cooperation with the sponsoring group or groups, and tailor our participation within a framework which they believe will be most successful for their particular country or area. To be sure, unless this approach is utilized, there is no merit to the program.

Specifically, we want to expose the members of our team to some of the excitement, problems and programs of overseas medicine, in the context of both church-related and government sponsored efforts. We believe a significant factor in the problem of critical shortages of missionary medical, nursing and other health related personnel, and the diminishing numbers of such professionals offering themselves for international medical efforts, lies in the fact that they have not been sufficiently challenged; they have not been fully informed; they are not aware of the overwhelming scope of medical needs existing throughout the world today.

Through continuing and expanded exposure of this kind of team effort, we believe we can substantially contribute, in time, to not only confronting and stimulating numbers of these team participants to consider extended terms of service in overseas church or other medical programs, but also to building up a broadened base of informed, knowledgeable people who, in their own professional circles, can better ex-

plain, interpret and influence other potential candidates to give of themselves in this manner.

We believe our approach has merit by way of creating opportunities for personal and professional interaction among our team membership and all of those with whom they have contact in the overseas setting. Fundamental to our entire approach, we want to avoid the impression on the part of overseas personnel that this is a visiting team of "experts" who are now going to give the "final word" as to how it should be done in an indigenous church medical program in a particular country. We are convinced our team membership may well learn a great deal more than they are able to give within the time limitations.

On the other hand, the missionary doctor has been called a "general specialist." He is forced to make medical judgments and perform many specialist functions whether or not he has been adequately trained in one or more areas. He does have a continuing need for professional counsel and support in a wide range of specialties. Encompassing the broad base of medical knowledge, we believe there are many and varied ways in which a stateside specialist can contribute out of his experience, regardless of where that experience has been secured or applied.

We have referred earlier to the professional isolation experienced by so many of the missionary medical/nursing personnel. We believe that our selected team membership can give a degree of information and instruction to overseas health care personnel. To whatever degree this is limited, either by the team membership itself or by acceptance on the part of the overseas personnel, we believe the one factor of mutual inspiration from team member to overseas colleague, and vice versa, is significantly important enough to warrant this entire program effort. We believe our team membership can help to counteract professional isolation; but, in addition, we believe they can contribute as new minds sharing new ideas and giving confidence and encouragement to men and women working for the most part alone. At the same time, we are convinced our team members will receive in overflowing measure from their newly found overseas friends in such a way that they will be changed people themselves and, in turn, will change the family character and make-up of our own institutions at home.

Finally, the travelling team aspect of our program does not in any way preclude or restrict our efforts to promote among members of our professional staff short or long-term assignments overseas where requested or indicated to be desirable.

In-service experience for missionary nurses and other para-medical personnel

The problems of re-entry into U.S. professional work and activities for returning missionary nurses and other para-medical personnel are essentially the same as those of the returning missionary doctor. Traditionally, the missionary nurse serving in the remotely situated overseas hospital or outpost clinic has found herself loaded down with numerous administrative and other duties in addition to the normal nursing functions for which she has been trained.

Following a term of service under these conditions, she feels a desperate need for professional stimulation during her furlough experience. But, at the same time, she may be reluctant to investigate possibilities, or to move without hesitation into the normal routine of a large hospital operation once she arrives home. Recognizing this basic area of concern on the part of the returning missionary nurse and other para-medical missionary workers, our approach is to thoroughly review the professional goals and requirements as submitted by any interested applicant, and to develop a program offering which will meet his or her individual needs.

At present we are scheduling continuing refresher programs of six weeks for registered nurses in our adjacent service areas who have not engaged themselves in professional nursing for some months or years, but who now desire to return to work either part or full time. All returning missionary nurses joining us are included in this on-going refresher type experience, or

into similarly organized refresher periods patterned especially for the missionary nurse on furlough. Following such periods of orientation, both individuals and the nursing authorities are better equipped to work out a mutually agreed-on program for the remainder of the furlough year or time period the missionary nurse is with us.

Catering to the needs of furlough missionary nurses, both those who plan to remain in America permanently and those who plan to return after furlough, we are prepared to offer nursing practice experience in the basic nursing services of medicine, surgery, OB-Gyne, pediatrics and psychiatry. In addition, experience may be gained in rehabilitation nursing, full exposure to administrative techniques in the service of one's choice, and observational experience in outpatient department and emergency room. For those interested in teaching, assignments are made to the In-service Education Program for a period of participation and experience. Other professional study areas are being investigated in view of possible additional offerings, either at our hospitals or surrounding institutions.

Opportunities for para-medical personnel include formal or informal entry into the School of Medical Technology, or School of Radiologic Technology. Individual experience may be developed in the dietetic department or other hospital areas as inquiries might indicate.

Post-graduate education and in-service experience for overseas nationals

An increasing volume of communication is being received from overseas churches, hospital superintendents and government health offices seeking information about opportunities available for post-graduate education and in-service experience for overseas nationals, including medical, nursing, para-medical, social work and pastoral care categories, among others. Almost without exception, overseas churches and medical programs are placing first priority emphasis on recruitment and training of qualified indigenous leadership. This trend will no

doubt continue to accelerate in the future with the full co-operation of thc vast majority of the missionaries themselves and their supporting churches or agencies.

To whatever dcgrce our institutional medical mission program is able to contribute to this pattern of indigenous build-up, wc want to do so within certain established guidelines.

In the interest of common sense stewardship of support monies and the individual's time, we believe, in general, it is more wise to exhaust all possibilities for training opportunities within one's own country or area before considering a U.S. or European training experience. In the event a specific training opportunity is not available locally or throughout a regional area, and such an opportunity is available within our program, we will make cvery possible effort to accommodate the person in such an experience.

As far as possible, we would prefcr to follow two principles: 1. That all overseas nationals accepted into any educational phase of our medical mission program must be sponsored by a responsiblc organization such as an overseas hospital, medical/hospital association, local church body, or government ministry of health. The advantages to all parties concerned using this approach appear to be rather well established through the experience of other church and government-related exchange programs. 2. In accepting exchange personnel from overseas locations, we arc very much concernod that we do not inadvertently contribute to the "brain drain" so long experienced by many developing nations. In this regard we would strive to consider the professional needs of those overseas nationals whom we are convinced arc deeply and firmly enough rooted in their own homelands to give us relative assurance that they will, in fact, return to their homes following any prescribed training experience. We recognize thc impractibility of receiving this kind of positive assurance in all cases, but wc believe the principle itself is valid and one to which we subscribe.

section 3

Future plans and possibilities

Our initial thrust will concern itself with the five priorities outlined previously.

There are a great many more areas of opportunity in which we may well become more deeply involved as time goes on. Some of these might include:

(a) The feasibility of a link-up between our residency programs in pastoral care and younger churches in selected overseas areas.

(b) Rendering all possible assistance in the recruitment of stateside professional personnel for assignment overseas.

(c) Developing programs of pre-service orientation for medical/nursing personnel going overseas, or to cooperate fully with such established programs elsewhere.

(d) Investigation and awareness of new approaches in the delivery of health care programs here at home, and the possible adaptation in principle of such approaches in the overseas setting, and vice versa.

(e) Assisting in seeking ways and means of greater congregational involvement into the life of the church-related medical program, both at home and overseas.

(f) Seeking overseas applications of principles learned in our quest for effective approaches and solutions to the universal problem of alcoholism.

(g) Promoting the possibility of "adoption" by the member hospitals of the Institute, and other stateside church-related hospitals, of sister institutions overseas with the prime objective in mind to assist through this relationship in the continuing staff requirements of those overseas medical efforts.

(h) Constantly promoting greater awareness of and involvement with overseas medical programs on the part of stateside church-related medical/hospital associations, organizations and groups.

section 4

for additional information

For answers to specific questions, please contact:

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Lutheran General Hospital

Lutheran General Hospital, opened in 1960, has approximately 700 beds. Among the facilities are: 44 obstetrical, 188 medical, 39 orthopedic, 131 surgical, 39 pediatric, 8 pediatric intensive care, 18 ecology, 22 teenage, 66 psychiatric, 75 alcoholism treatment, 37 physical rehabilitation, 8 coronary care, 8 intensive care, 14 surveillance, 8 emergency treatment and 4 emergency holding.

The hospital is located on a 63-acre site. Included in the present complex is the hospital, the rehabilitation center for alcoholism, a school of health sciences building and deaconess home and a hospital apartment building.

New facilities scheduled for 1972 opening include an acute section with expanded emergency, coronary care and intensive care, surgery and recovery facilities. Also scheduled for completion is a community health building with offices for physicians, out-patient facilities and laboratories.

Future plans call for additional hospital rehabilitation facilities, treatment facilities for emotionally disturbed children, a geriatrics hospital, research and medical education buildings.

The hospital is committed to education. In the summer of 1969, the board of regents of the University of Illinois approved Lutheran General as a hospital with which they would like to affiliate. Programs and relationships are now being developed within this affiliation.

Lutheran General was recently approved for internship training and the first interns began in July, 1970. A residency program in pathology is offered along with an affiliated residency in orthopedics in cooperation with Northwestern University and the Veterans Administration Hospital, Hines, Ill.

In the past year over 20,000 patients were admitted to the hospital. These included more than 2,000 in surgery, 5,000 in medicine, 3,000 in obstetrics, 1,000 in pediatrics with the remainder in alcoholism treatment, psychiatric, orthopedic and other services.

Over 16,000 out-patient visits were recorded and more than 25,000 emergency department patients were seen and 3,000 live births were recorded. There were approximately 600 deaths with an autopsy rate exceeding 50 per cent.

The medical staff of Lutheran General Hospital is organized by specialty departments. These include the departments of medicine, surgery, obstetrics-gynecology, pediatrics, psychiatry, psychology, clinical laboratories, radiology and general practice. The medical staff has 283 physicians. Of this number, more than 200 are board certified or board eligible. Approximately half of the medical staff hold faculty appointments in medical schools in Chicago.

Active specialties on the staff include cardiology, gastroenterology, allergy, endocrinology, dermatology and neurology. Subspecialties in surgery include urology, cardiothoracic surgery, plastic surgery, neurosurgery, peripheral vascular surgery and anesthesiology.

Salaried medical chiefs of service direct programs in medicine, surgery and psychiatry. The hospital board of trustees has approved and budgeted for salaried chiefs in the other services.

A unique feature of the hospital is the 18-bed ecology unit. This is primarily a medical unit. Under the direction of a staff physician, patients here are treated for a variety of illnesses all of which are provoked or aggravated by emotional problems. A team approach is used. Team members include a physician, social worker, psychologist, nurse and chaplain.

Another facility not normally found in a general hospital is a personality laboratory. Both medical and psychiatric patients can be given a wide range of personality tests here. The laboratory is directed by a staff psychiatrist and staff clinical psychologists.

A complete medical library is under the supervision of a graduate medical librarian. Some 260 periodicals are received and over 7,000 basic references are available. An inter-library loan program is maintained with major reference libraries in the Chicago area. Microfilm, microcards, audio-digest and other multi-media methods are also available in the library some 80 hours a week. Also available are projectors, medical illustrators and slide making facilities. Video tape and closed circuit television are available throughout the hospital.

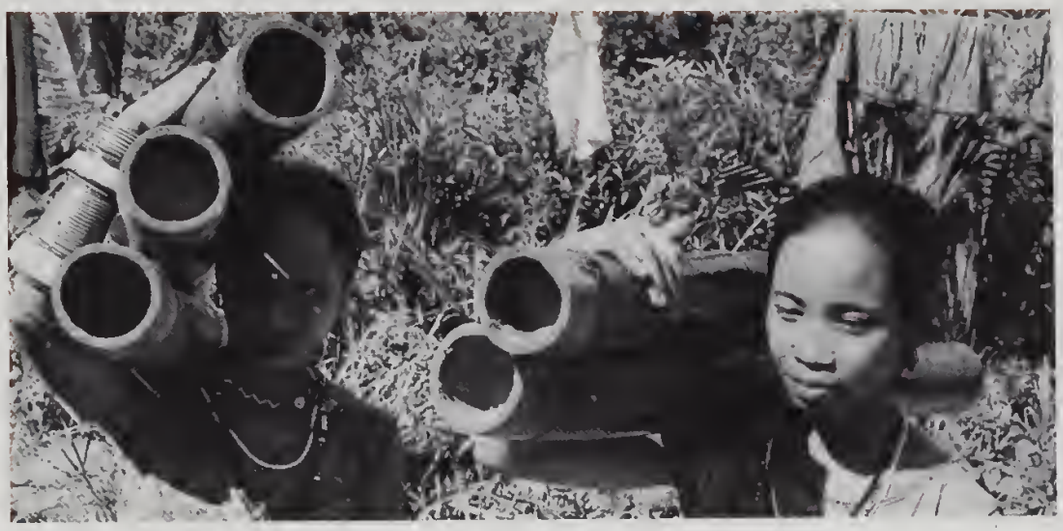
A new and highly imaginative physicians service unit has been organized. This is a privatc practice fee for service group of physicians based at the hospital. Thc purposc of this unit is to further thc education of the interns. Each intern is actively involved with this group and takes a responsible role in patient managcment.

In addition, out-patient care is provided in a variety of areas.

There is an active emphasis on physical rehabilitation. A 37-bed physical rehabilitation unit is the heart of this program. A staff physiatrist directs the program assisted by a clinical nursing specialist. Working closely in the program are physical, occupational and recreational therapists, speech pathologist, chaplain, social worker and psychologist.

The hospital has large and well-staffed departments of physical, occupational and speech therapy. Treatments in the physical therapy department totaled close to 17,000 in-patients and over 8,000 out-patient treatments.

An active social service department has 12 graduate social workers on its staff all working full time in the hospital complex. Social workers serve in areas of clinical evaluation of patients, working with the patients' physicians and families and helping in post-hospital planning. Educational programs are conducted with the University of Illinois Graduate School of Social Work, Trinity College and Loyola University.



The department of pastoral care has a staff of 16 ordained clergymen. Chaplains work closely in all services in the hospital. An active teaching program is carried on in an approved residency program of the Association of Clinical Pastoral Education.

The radiology department is well-equipped. It includes not only diagnostic radiology but also cobalt therapy. Practically all known x-ray procedures are performed. Three image intensifier units are used as well as cineradiography. Lymphangiography, tomography, aortography, and angiography are routinely done. Facilities are available to video tape x-ray procedures. In the past year, 80,000 diagnostic and 15,000 therapeutic procedures were done. There are seven full-time radiologists in the department. An approved school of radiologic technology is conducted by the hospital in conjunction with the radiology department.

The department of clinical laboratories has advanced equipment not ordinarily found in a general hospital. The thirteen sections of the laboratories perform some 600,000 procedures each year. There are four full-time pathologists, a doctorate in biochemistry and a doctorate in microbiology. The departmental equipment includes an electron microscope and SMA-12 autoanalyzer for blood profiles and other highly automated analysis equipment.

A separate laboratory computer provides more rapid tabulations of results for the physician.

A radioisotope laboratory is part of the diagnostic facilities available. In the past year some 6,000 procedures were performed. These include blood volume studies, red cell survival and mass studies, shilling tests, fat studies, thyroid function tests and scans of brain, liver, lung, kidney and spleen. A staff physician directs nuclear medicine.

More than 20,000 electrocardiograms are performed each year. Vector cardiography is also done. Cardiologists from the department of internal medicine interpret all electrocardiograms.

Lutheran Medical Center

Lutheran Medical Center began in 1883, when a Lutheran Deaconess transformed a wood-frame house in southwestern Brooklyn into a 30-bed hospital which provided health-care services to a largely Scandinavian, immigrant community. Since its founding, the Center (known as Norwegian Lutheran Deaconess Hospital until a 1955 merger with Lutheran Hospital of Manhattan) has continued to expand its facilities and services in response to the growing needs of a rapidly changing, urban community. Today, Lutheran Medical Center touches the lives of nearly 100,000 people each year, serving an ethnically diverse community in which socio-economic conditions range from hard-core poverty to upper middle-class affluence.

A broad program of health services is maintained at the Center, including acute in-patient care in its 300-bed hospital, ambulatory services, emergency services, care for the aged, a mental health program, home care and an industrial health program. A significant program in medical education includes approved residencies in Medicine, Surgery, Obstetrics-Gynecology, Family Practice, Pediatrics and Pathology and a rotating internship.

In para-medical fields, the Center has educational programs for hospital administrators, professional nurses, radiology and laboratory technicians and a program in clinical pastoral education. The Center continues to develop new programs and new affiliations which reflect its understanding that the primary responsibility of a modern community hospital is to deliver to all people the comprehensive health care which advancements in medical science have made possible.

In October, 1967, the Center opened the Sunset Park Family Health Center in response to the needs of the 35,000 disadvantaged and medically indigent people living in the largely Puerto Rican neighborhoods of Sunset Park. Today, with grants totaling over $5 million from the federal Office of Economic Opportunity, the Family Health Center offers a unique program of comprehensive health care aimed at bridging the cultural and financial gaps that characterize this urban community.

Families register at the Health Center as a unit and are assigned to a health-care team, which includes physicians, a dentist, nurses, social workers, a nutritionist and family health aides who specialize in home visits. Family members see the same doctor each time they visit the Center, whether for a check-up or for medical treatment, and he becomes their own "family physician." A new training program operated by the Health Center prepares unemployed or underemployed community members for positions on the Center staff as family health aides and social work case aides.

Guided by a reassessment of community needs, the Center has replaced its traditional "Accident Room" with an Emergency Service which is, in effect, an unscheduled general practice office, staffed around the clock by licensed, paid attending physicians. Throughout its service area, people rely on the Center's Emergency Service as a medical resource when their family physician is not available.

In the immediate neighborhood, where few private doctors' offices are located, the Emergency Service has become the primary physician for many families. A new concept of emergency care, which allows the patient to define what constitutes a "medical emergency" in his life, has resulted in a doubling in visits to the Emergency facilities.

In recognition of the vital services provided to the community by local family doctors and in an effort to integrate these doctors into the operations of the hospital, a Department of Family Practice was established in August, 1968. The new department is already offering an approved program of continuing medical education for area General Practitioners to enable these doctors to update their medical knowledge and to enter into dialogue with other members of the medical profession.

For many years, Lutheran Medical Center has contracted with the New York City Health Services Administration to provide all professional services—medical and technical—for the 110 elderly patients at Park Haven Nursing Home. This program

is one aspect of the Center's overall effort to extend its services out into the community wherever a need exists.

The program involves sending physicians, physical therapists, technicians and portable x-ray and laboratory equipment to the Park Haven Home, as well as providing in-patient care. Through another arrangement with the Norwegian Christian Home for the Aged, the Center provides all health care to residents of the Home, including medical practice, radiology, pathology, physical therapy, pharmacy services, nursing education, medical records administration and administrative support.

The Center has also taken the initiative in extending its services to local business and industry. Since January, 1968, the Center has had a cooperative agreement with the New York Shipping Association-International Longshoremen's Association to provide hospital accommodation and services to Brooklyn longshoremen and their families. The Center has also agreed to provide employee health programs, emergency services and hospitalization for Universal Terminal and Stevedoring Corporation, the local branch of the federal government's General Services Administration and many smaller business firms and industries.

The Mental Health Service offers a three-fold program of education, direct clinical service and institutional service. Individual treatment, group therapy, consultation and referral functions are carried out in LMC's Kallman Child Guidance Center, the Adult Mental Health Service and the community health service at the Sunset Park Health Center. The outpatient Mental Health program is partially supported by a Community Mental Health grant. It is staffed by psychiatrists, psychologists, social workers and clinically trained pastors.